

Swanton Care & Community (Autism North) Limited

All Saints Vicarage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

All Saints Vicarage is a residential care home, registered to provide care and support for up to 7 adults with learning disabilities and/or autism in one adapted building. There was 7 people using the service at the time of inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

The service gave people care and support in a safe, clean and well-equipped environment that met their needs. Staff followed best practice guidance to control the risk and spread of infection. Medicines were managed safely and people received their medicines as prescribed.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People were cared for and supported by staff who had relevant training and skills.

People's risks in relation to their care were managed and staff understood how to maintain and encourage people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People and their relatives were included in decisions about their care and support. Care plans were personalised and included information on people's healthcare needs, communication needs, preferences and social history.

People were treated as individuals and staff respected each person's routines and needs. Observations and records showed that people experienced choice and control over their support and care.

Right Culture:

Effective systems were in place to quality assure the services provided, manage risks and drive improvement. We noted not everyone had received supervisions recently and registered manager gave assurances they would address this issue.

There was a warm atmosphere in the home. Some people had lived together for a number of years and had formed good friendships with each other. The culture of the service was positive. People were treated with dignity and respect and were involved in shaping their care.

The registered provider, recognised shortfalls in the management of people's health needs and worked closely with the local authority to find alternative homes for people if needed.

People were supported to access other healthcare professionals and services; care workers accompanied people or arranged visits to hospitals and appointments with GPs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 19 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management of people's health needs. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from the concerns raised with us.

Please see the safe, effective and well-led section for the full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

All Saints Vicarage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

All Saints Vicarage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. All Saints Vicarage] is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We observed, interacted or spoke with 3 people who used the service, 5 care staff and the registered manager. We reviewed a range of records. This included 3 people's care records, 3 staff files, training records, staff supervision records and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse.
- Relatives told us they felt people were safe living at the service. One relative told us, "I feel [person] is protected and safe there, the staff have a great relationship with them."
- The registered manager showed good oversight of safeguarding processes and knew how to raise concerns with the local authority, and CQC.

Assessing risk, safety monitoring and management

- People were protected from harm. Each person had individualised risk assessments that provided guidance for staff on how to support people to remain safe. Some people had behaviours that may pose a risk to themselves or others. People and relatives were involved in planning with staff what support they would need to remain safe during these times.
- There were appropriate plans in place in the event of an emergency. For example, in the event of a fire each person had a personal evacuation plan which was reviewed regularly by staff.
- Risks associated with the safety of the environment and equipment were also identified and managed appropriately. Regular health and safety checks were undertaken by allocated staff to help ensure the safety of the premises.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed.
- There was mixed feedback regarding staff consistency following on from the Covid-19 pandemic; one relative said, "My biggest concern is staff retention, some staff have been there a long time and then others come in but leave. [person] has went through a number of key workers."

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly. Staff demonstrated their competency when they described to us what they would do if there was a

medication error.

- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care plans contained 'positive behaviour support' information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.
- Staff worked with people in a supportive, person-centered way. Staff engaged with people positively and supported them to maintain their independence through choices and activities.

Staff support: induction, training, skills and experience

- People received support from staff who had received relevant training, including around learning disability, epilepsy and health care needs. A staff member told us, " The training is very good and we can ask the manager anything we are not sure about and they will arrange the training, or find out what we need to know."
- The providers training matrix showed a high level of compliance for all staff in topics such as medication awareness, basic life support and moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Where people were at risk of losing weight or dehydration, food and fluid charts were used to monitor what people ate and drank.
- We saw during lunchtime that people were offered a visual choice of meal and those people that required support to eat their meal were provided this by staff.
- Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health care professionals to provide the most effective care. When health care professionals visited staff worked closely with them. There was regular contact with the GP and the mental health team.
- People were supported to access other healthcare professionals and services; care workers accompanied people or arranged visits to hospitals and appointments with GPs.

- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.

Adapting service, design, decoration to meet people's needs

- The design and layout of the home supported people's individual needs. The home was decorated to a good standard and appropriate to people's age.
- Communal areas were homely while providing enough space for people to participate in activities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Records demonstrated any conditions in place were being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good culture within the service which had a positive impact on people. Staff were friendly and open with people and as such people responded to staff. There was easy-going conversation between people and staff and staff were heard to encourage and support people, taking an interest in them.
- People were occupied and empowered to achieve their outcomes. During our inspection we saw people living busy lives and going out into the community to participate in a range of activities such as swimming and walking in the local parks.
- Feedback from the staff team was positive. Staff said they were well supported and could speak with the management team whenever they needed to. Regular staff meetings were held, and staff were asked for their input. One staff member told us, "I feel listened to and communication is effective to let us know what's happening and how people have been."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was fully aware of their legal responsibilities. The service had a duty of candour policy and the registered manager understood their responsibility to be open and honest if something went wrong.
- Services registered with CQC are required to notify us of any significant incidents or safeguarding concerns. We reviewed the records held at CQC prior to our inspection and found notifications had been received in line with requirements.
- Governance was embedded within the service; the registered manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in the service. People attended regular meetings and relatives were sent surveys for feedback. One relative told us, "I feel involved in [person's] care, sometimes I would like more reassurance, but I do feel like I have a voice."
- People were supported by staff with a person-centred approach. This included person-centred details in care plans and staff were proactive in getting to know personal details about people and their preferences.
- Staff took part in regular meetings. This gave them an opportunity to raise any concerns or ideas to make

positive changes. One staff member said, "I know I could raise any concerns or suggestions with management, and they would listen."

Continuous learning and improving care

- The registered manager and staff we spoke with were clear in their wish to learn and continually improve the quality and safety of the service provided to for people.
- The registered manager regularly completed a range of audits to assess the quality and safety of the service. These audits identified some areas for improvement and action had been taken to address these issues.

Working in partnership with others

- Staff worked in partnership with a range of professionals, including GPs, speech and language team and social workers. People's care records showed involvement from other agencies and staff had used the advice and guidance provided to help with people's care planning.
- We saw examples of how the provider worked in partnerships with health care professionals to support them with people who displayed challenging behaviours.